

MOTOR VEHICLE ACCIDENT REPORT

Sheet _____ of _____

Officer _____	Incident No. _____	Case No.: _____
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PLEASE TYPE OR PRINT

Date of Accident / /	Time of Accident Hrs. _____	County _____	Accident occurred within corporate limits of (city) _____
If accident occurred outside of city limits show general vicinity miles <input type="radio"/> N <input type="radio"/> NE <input type="radio"/> E <input type="radio"/> SE <input type="radio"/> S <input type="radio"/> SW <input type="radio"/> W <input type="radio"/> NW of nearest city _____			TOTAL NUMBER Persons Injured: _____ Vehicles Involved: _____ Property Damage: \$ _____
On Road, Street, or Highway: _____		At Intersection with: _____	
Note: Unless accident occurred at an intersection which is completely described above, use the space below to give the exact location from a milepost or definable intersection, bridge, or railroad crossing, using two distances and directions if necessary.			
Feet _____ or Miles <input type="radio"/> N <input type="radio"/> NE <input type="radio"/> E <input type="radio"/> SE <input type="radio"/> S <input type="radio"/> SW <input type="radio"/> W <input type="radio"/> NW	and Feet _____ or Miles <input type="radio"/> N <input type="radio"/> NE <input type="radio"/> E <input type="radio"/> SE <input type="radio"/> S <input type="radio"/> SW <input type="radio"/> W <input type="radio"/> NW		If Divided Highway, Provide Route (Cardinal) Travel Direction NB <input type="radio"/> SB <input type="radio"/> EB <input type="radio"/> WB
Milepost Number _____ Or Definable intersection, bridge, or railroad crossing _____			

Driver's Name (Last, First, Middle) _____	Address _____ City _____ State _____ Zip _____		
Date of Birth / /	Driver's License Number _____		Citation Charge 1. _____ 3. _____ 2. _____ 4. _____
Male <input type="radio"/> Female <input type="radio"/>	State _____ Class _____	Endorsements _____	Restrictions _____
Owner's Name (Last, First, Middle) _____		Address _____ City _____ State _____ Zip _____	
Insurance Co. Name _____		Insurance Policy # _____	License Plate # _____ State _____ Year _____
VIN # _____		Year _____	Make _____ Model _____ Style _____
Initial Travel Direction <input type="checkbox"/>		Vehicle Action <input type="checkbox"/>	Speed Limit <input type="checkbox"/>
Total Occupants _____		Traffic Controls <input type="checkbox"/>	Vehicle Config. <input type="checkbox"/>
Cargo Body Type _____		Vehicle Defect <input type="checkbox"/>	Driver Condition <input type="checkbox"/>
Vision Obscured <input type="checkbox"/>		Contributing Circumstances, Driver (up to two) _____	Approximate Cost to Repair or Replace \$ _____
Commercial Trailer License Plate # _____		Attached to Power Unit: _____ State _____ Year _____	Attached to Trailer Unit: _____ State _____ Year _____
Carrier Name _____		Address _____ City _____ State _____ Zip _____	
US DOT # or MC # _____		Number of Axles _____	Gross Vehicle Weight Rating _____
Placard # _____		Hazardous Materials Released? <input type="checkbox"/>	

Driver's Name (Last, First, Middle) _____	Address _____ City _____ State _____ Zip _____		
Date of Birth / /	Driver's License Number _____		Citation Charge 1. _____ 3. _____ 2. _____ 4. _____
Male <input type="radio"/> Female <input type="radio"/>	State _____ Class _____	Endorsements _____	Restrictions _____
Owner's Name (Last, First, Middle) _____		Address _____ City _____ State _____ Zip _____	
Insurance Co. Name _____		Insurance Policy # _____	License Plate # _____ State _____ Year _____
VIN # _____		Year _____	Make _____ Model _____ Style _____
Initial Travel Direction <input type="checkbox"/>		Vehicle Action <input type="checkbox"/>	Speed Limit <input type="checkbox"/>
Total Occupants _____		Traffic Controls <input type="checkbox"/>	Vehicle Config. <input type="checkbox"/>
Cargo Body Type _____		Vehicle Defect <input type="checkbox"/>	Driver Condition <input type="checkbox"/>
Vision Obscured <input type="checkbox"/>		Contributing Circumstances, Driver (up to two) _____	Approximate Cost to Repair or Replace \$ _____
Commercial Trailer License Plate # _____		Attached to Power Unit: _____ State _____ Year _____	Attached to Trailer Unit: _____ State _____ Year _____
Carrier Name _____		Address _____ City _____ State _____ Zip _____	
US DOT # or MC # _____		Number of Axles _____	Gross Vehicle Weight Rating _____
Placard # _____		Hazardous Materials Released? <input type="checkbox"/>	

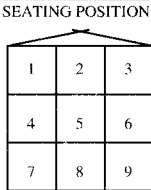
If Property other than vehicles damaged explain _____	Object Damaged _____	Estimate of Damage \$ _____	Unit 1 Unit 2 SEQUENCE OF EVENTS
Owner's Full Name (Last, First, Middle) _____		Was owner or tenant notified? <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No <input type="checkbox"/> 9 - Unknown	_____ First Event
Street or RFD _____		City, State, & Zip Code _____	_____ Second Event
ACCIDENT ENVIRONMENT		ROADWAY CHARACTERISTICS	_____ Third Event
Location of First Harmful Event <input type="checkbox"/> Weather Conditions (up to two) <input type="checkbox"/>		Major Contributing Circumstances: Environment <input type="checkbox"/>	_____ Fourth Event
Manner of Crash/Collision <input type="checkbox"/>		Roadway <input type="checkbox"/>	_____ Most Harmful Event (by vehicle)
Light Conditions <input type="checkbox"/> Surface Conditions <input type="checkbox"/>		Type of Roadway Junction/Feature <input type="checkbox"/>	_____ First Harmful Event of Crash (use codes 11-42 only)
		WORKZONE RELATED? <input type="radio"/> Yes <input type="radio"/> No	
		<input type="checkbox"/> Location <input type="checkbox"/> Type	
		<input type="checkbox"/> Workers Present?	

VEHICLE COLOR: _____

VEHICLE COLOR: _____

NON-MOTORIST
 Type Location
 Action Condition
 Safety Equipment
 Contributing Circumstances
 Unit No. of Vehicle Striking

Motorcycle Seating Position
 1 - Motorcycle Driver
 4 - Motorcycle Passenger
 88 - Other (explain in narrative)



10 - Sleeper Section
 11 - Enclosed Cargo Area
 12 - Unenclosed Cargo Area
 13 - Trailing Unit
 14 - Exterior
 15 - Pedestrian
 16 - Pedalcyclist
 17 - Pedalcyclist, passenger
 88 - Other (explain in narrative)
 99 - Unknown

Sex	Unit No.	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Airbag Switch Status	Ejection	Ejection Path	Trapped
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DRIVERS

DRIVER OF UNIT 1	Phone								
	Transported to:			Transported by:					
DRIVER OF UNIT 2	Phone								
	Transported to:			Transported by:					

PERSONS INJURED

Name 1.	Date of Birth								
	Address	Transported to:			Transported by:				
Name 2.	Date of Birth								
	Address	Transported to:			Transported by:				
Name 3.	Date of Birth								
	Address	Transported to:			Transported by:				
Name 4.	Date of Birth								
	Address	Transported to:			Transported by:				

DIAGRAM

DIAGRAM WHAT HAPPENED: *Instruction*

Number each vehicle and show direction of travel by arrow:

Use solid line to show path before accident.:

Use dotted line to show path after accident.:

Show pedestrian by: ○

Show railroad by: ||||

Show utility poles by: ⊙

Show motorcycles by: ⊙ ⊙

Show animal by: ⊙

INDICATE NORTH

NARRATIVE

Describe what happened (refer to vehicles by number)

WITNESSES

Name (Last, First)	Street	City	State	Zip	Phone

Signature of Officer	Badge No.	Time Officer Notified of Accident	Time Officer Arrived At Scene
		Hrs.	Hrs.
Name of Agency	Date of Report	Investigation made at scene? Y N	Supplemental Information Will Follow? Y N
			T.I. #
Report Reviewed by	Date Reviewed	Report Given to All Drivers? Y N	Other Technical Investigating Agency